## ndiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/27/2008	Address:	7535 N. C.R. 900 W.
Case #:	<u>431/25772</u>		
County:	<u>JENNINGS</u>		· · ·
Type of Laboratory Scizure (check one)  Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location ( Residence Outbuilding	check all that apply)  Hotel/Motel Open – No Structure
	te (only)	Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply)   Lithium/Ammonia Reaction(s):   Red Phosphorous/Iodine Reaction(s):   Hammable Solvents: LOCATED IN GARAGE   Water Reactive Metal (Lithium): IN GARAGE   Anhydrous Ammonia:   Hydrochloric Acid Gas Generator(s): LOCATED IN GARAGE   Corrosive Acid: LOCATED IN GARAGE   Other (item and location):			
Yes _	r age 18 discovered (check one) (number present)  port to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip 
This report is to be faxed to the following agencies that serve the location:			
Fire Department: GENEVA TWNSHP.		Fax: 812-39	
Health Department: <u>JENNINGS CO.</u>		Fax: <u>812-3</u> Fax: <u>N/A</u>	<u>54-5030</u>
Child Protec	etion Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact			

Investigating Officer: <u>TRP. MARTIN A. MEAD</u> Phone <u>812-522-1441</u>

<sup>\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.